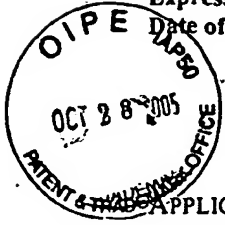


United States Patent and Trademark Office
- Sales Receipt -

11/16/2005 MPEOPLES 00000001 500311 10602325
Sale Ref: 00000001 DA#: 500311 10602325
01 FC:1202 1350.00 DA

JPW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Chaplin, *et al.*
SERIAL NUMBER: 10/602,325 EXAMINER: Kwon, Brian Yong S
FILING DATE: June 23, 2003 ART UNIT: 1645
FOR: CONTROL OF ACUTE HYPERTENSION AND CARDIOTOXICITY IN
PATIENTS TREATED WITH VASCULAR TARGETING AGENTS

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

October 28, 2005
Boston, Massachusetts

TRANSMITTAL LETTER

Enclosed herewith for filing in the above-identified application please find the following documents:

1. Preliminary Amendment and Response to Restriction Requirement (10 pages);
2. Return Postcard.

Applicants believe no fees are due with this submission. However, the Commissioner is hereby authorized to charge any fees that may be due to Deposit Account No. 50-0311, Reference No. 18217-515. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

Ivor R. Elrifi, Reg. No. 39,529
Naomi Biswas, Reg. No. 38,384
Nicholas P. Triano III, Reg. No. 36,397
Attorneys for Applicants
c/o MINTZ LEVIN
Tel.: (617) 542-6000
Fax: (617) 542-2241
Customer No. 30623


claim 42: pg. 2 (lines 19-20), pg. 4 (lines 27-30)
claim 43: pg. 5 (lines 1-6)
claim 44: pg. 5 (lines 6-7)
claim 45: pg. 4 (lines 27-30), pg. 8 (lines 12-15)
claim 46: pg. 5 (lines 1-6)
claim 47: pg. 5 (lines 1-7)
claim 48: pg. 3 (lines 4-7), pg. 6 (lines 10-12), pg. 16 (lines 9-12, 15-20, 24-26,
29-31), pg. 17 (lines 24-25), pg. 19 (lines 5-7, 29-32)
claim 49: pg. 13 (lines 1-4)
claim 50: pg. 4 (lines 20-22), pg. 5 (lines 17-19)
claim 51: pg. 5 (lines 17-19), pg. 16 (lines 24-26)
claim 52: pg. 5 (lines 17-19), pg. 16 (lines 29-32)
claim 53: pg. 16 (lines 21-24)

Applicants reserve the right to further prosecute the canceled subject matter in this or in another patent application. No new matter is added.

Applicants submit that the application is in condition for allowance, and such action is respectfully requested. No additional fees are believed due, but please charge any payments that may be due to Deposit Account No. 50-0311, reference 18217-515.

Should any questions or issues arise concerning the application, the Examiner is encouraged to contact the undersigned at the telephone number provided below.

Respectfully submitted,


Ivor R. Elrifi, Reg. No. 39,529
Naomi Biswas, Reg. No. 38,384
Nicholas P. Triano III, Reg. No. 36,397
Attorneys for Applicants
c/o MINTZ LEVIN
Tel.: (617) 542-6000
Fax: (617) 542-2241
Customer No. 30623

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10602325

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	14	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	14 minus 20 =	*
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

10/28/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 47	Minus ** 20	= 27
Independent	* 4	Minus *** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	
X42=	42	OR	X84=	
+140=		OR	+280=	
TOTAL	417	OR	TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	1350
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	1350

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	